

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155708	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/20/2012
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NAME OF PROVIDER OR SUPPLIER HILLSIDE MANOR NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1109 E NATIONAL HWY WASHINGTON, IN 47501
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F0000	<p>This visit was for the Investigation of Complaint IN00113633.</p> <p>Complaint IN00113633 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323 and F456.</p> <p>Unrelated deficiency cited.</p> <p>Survey date: August 20, 2012</p> <p>Facility number: 000303 Provider number: 155708 AIM number: 100287530</p> <p>Survey team: Marla Potts RN, TC</p> <p>Census Bed Type: SNF/NF: 42 Total: 42</p> <p>Census Payor Type: Medicare: 9 Medicaid: 28 Other: 5 Total: 42</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC</p>	F0000	Please accept the following as our credible allegation of compliance for the recent survey on August 20, 2012.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	16.2. Quality review 8/22/12 by Suzanne Williams, RN			

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F0318 SS=D	<p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. Based on observation, interview and record review, the facility failed to ensure a totally dependant for care resident was provided with range of motion to maintain his current level of joint mobility for 1 of 3 residents reviewed for range of motion services, in the sample of 3. Resident A</p> <p>Findings include:</p> <p>Resident A was observed on 8/20/12 at 8:30 A.M. sitting in an electric wheelchair in the courtyard. During interview with Resident A at this same time, he indicated the biggest concern he had with the facility, was not receiving any exercises or range of motion to his legs since therapy had stopped. He indicated he had asked staff members about it and was told he should have range of motion. He indicated he felt it was just a time issue for the CNAs (certified nursing aides).</p> <p>Resident A was observed on 8/20/12 at 10:00 A.M. to be transferred by CNA #1 and CNA #2 from the chair to his bed.</p>	F0318	<p>It is the policy of Hillside Manor Nursing Home to evaluate, assess, and screen all residents for possible benefits from inclusion into our restorative program. As evidenced by the survey review, the single case cited was the only resident not receiving said service (Physical Therapy was recently discontinued). As such, and evidenced, this IS NOT a wide-spread deficient practice that has the potential to effect any/all other residents. Resident A was provided, by his demand, several months of (un-reimbursed) physical therapy by the gratuitous efforts of Hillside Manor to aid, assist, and hopefully restore or improve the health and well-being of this young resident who is not currently recieving any medicare part b benefits. Resident A was discontinued from physical therapy for non-compliance, non-participation, refusal of service, and absenteeism to the disappointment of his mother and his physician. A trial program that was set in motion by this Administrator, Director of</p>	08/21/2012			

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	<p>Resident A was able to move his arms and hands slightly during the transfer but could not move his lower extremities.</p> <p>CNA #1 indicated on 8/20/12 at 10:00 A.M., that the Restorative services required for each resident was on a sheet in the ADL book for that hallway and provided the book. Resident A was not observed to have a restorative sheet in the book.</p> <p>During interview on 8/20/12 at 11:00 A.M. with the PTA (physical therapy assistant) she indicated the resident was no longer receiving therapy and nursing staff members would have been told he needed full range of motion.</p> <p>Resident A's clinical record was reviewed on 8/20/12 at 9:15 A.M. Diagnoses included, but were not limited to: paraplegia, seizures and respiratory failure. A history and physical, dated 8/1/12, from a hospital stay indicated the resident had been involved in a car wreck.</p> <p>The MDS assessment (minimum data set) dated 6/1/12, indicated the resident was interviewable with no memory loss, was dependant on two staff members for transfers and did not ambulate, and had loss of voluntary movement of his upper and lower extremities.</p>		<p>Nursing, physical therapists, Resident A, and his mother (during a care plan meeting) was a "self help" program with daily ROM excercises that were to be kept on his personal calendar. This program was agreed to by all parties on 7-20-2012 and was to be reviewed by all parties monthly to evaluate his progress. The program was the idea of Resident A's physician following a recent review from another nursing facility in the local area, that explained to Resident A that he would not be eligble for therapy services. Hillside Manor shall vacate this agreed upon regime, and offer daily ROM in a restorative program. Resident A was evaluated on 8-20-2012 and began to recieve services on 8-21-12. Documentation shall be maintained as to particiatpion and refusal of such offered service. The restorative nurse shall be responsible for all resident screenings and inclusion into our restorative program. Recommendation from Therapy shall be honored for inclusion into the restorative program for maintenance of strength and/or flexibility. The D.O.N. shall monitor the restorative program weekly for the next 12 months for proper documentation of services offered, services performed, and services refused. Completed 8-21-12</p>				

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	<p>A physical therapy discharge summary, dated 6/19/12, indicated "transfers-dependent for all, balance-sitting requires maximum assist 1 -2 on side of bed." Discharged to restorative nursing program on 7/3/12. The Physical therapy evaluation dated 6/19/12 indicated "car accident November 2010 resulting in quadriplegia, uses electric wheelchair...no active range of motion bilaterally, strength- 1-1/5 all motions bilateral lower extremities. The previous therapy evaluation, dated 5/7/12 indicated "Contracture of bilateral ankles."</p> <p>The care plan, dated 2/21/12, did not include any interventions for range of motion.</p> <p>During interview with the Director of Nursing on 8/20/12 at 11:00 A.M. she indicated she was over seeing the restorative program. She indicated Resident A was not on a program for range of motion. She indicated there had been issues with the Resident being noncompliant with other aspects of his care, such as leaving the facility for long periods of time or sitting outside for hours and refusing care. She indicated he did not do the things he could do for himself such as exercising his fingers. The facility lacked evidence of having</p>			

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	<p>implemented any range of motion or exercise program for the resident following the stop of therapy on 7/3/12.</p> <p>3.1-42(a)(2)</p>			

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F0323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review, the facility failed to ensure a totally dependant for care resident was transferred in a safe manner for 1 of 3 residents reviewed for transfers in the sample of 3.</p> <p>Findings include:</p> <p>Resident A was observed on 8/20/12 at 8:30 A.M. sitting in an electric wheelchair in the courtyard. During interview with Resident A at this same time, he indicated no one had ever hurt him during transfers. He indicated he had a mechanical lift at home but one had never been used in the facility.</p> <p>Resident A was observed on 8/20/12 at 10:00 A.M. to be transferred by CNA #1 and CNA #2 from the chair to his bed. A gait belt was placed around the resident's chest and one around both thighs. The CNAs then reached under his arms one on each side and grabbed the top gait belt with one hand and reached down and grabbed the other gait belt with their other</p>	F0323	<p>It is the policy of Hillside Manor Nursing Home to transfer all residents with the aid of a gait belt for safety when feasible. All non-weight bearing residents shall be offered a mechanical lift (hoyer lift)for transfer.As only one resident of three possible candidates were effected by non mechanical lift service this is not a wide-spread deficient practice that effected all residents.It is the new policy of Hillside Manor Nursing Home to offer, promote, and encourage the use of a mechanical lift on all non-weight bearing residents for the safety of the resident and staff alike. Those residents of a slight build (less than 110lbs) shall be evaluated for safety/comfort of a two person transfer with gait belts. The resident refusal of a mechanical lift shall be documented. Nurses are encouraged to promote physician orders for transfer that state; "may use mechanical lift, or mechanical lift recommended" to allow those who fear the lift the right of refusal. (Resident A cited had in place such order for the months of July and August and Sepetember)All nursing peronnel were inserviced on 8-21-12 by</p>	08/23/2012			

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	<p>hand. They pulled him to the edge of his chair and then picked him up and got him to the bed, sort of bouncing him along and into the bed. CNA #1 indicated they usually used 3 staff to get him from the bed to the chair as they had to lift him up and into the chair. Resident A did complain of his left shoulder hurting after the transfer to the bed and indicated his shoulder just hurt sometimes and the bouncing during transfers made it worse.</p> <p>QMA #1 entered the room this same day at 10:15 A.M. and helped CNA #1 and 2 transfer the resident back into the wheelchair from his bed. The CNAs placed one arm under each of his arms and grabbed the gait belt around his chest and then grabbed the gait belt around his thighs, QMA #1 helped lift his bottom and legs from behind to place him into the chair. He was observed to be placed on the edge of the chair and drug backwards into his seat.</p> <p>CNA #1 indicated on 8/20/12 at 10:00 A.M., CNA #2 was new and this was her first day to have worked with Resident A. CNA #1 indicated two other CNAs had showed her how to transfer the resident.</p> <p>During interview on 8/20/12 at 11:00 A.M. with the PTA (physical therapy assistant) she indicated she had been told</p>		Theresa Biddinger, A.D.O.N., R.N. and inservice director Barbara Helm, R.N. on the safe and proper use of the newly acquired mechanical lift (purchased and delivered on 8-20-12). The different slings and applicable weight of each were reviewed. Return demonstrations and testing was conducted on staff and proper use of gait belts was also included. The appropriate and proper use of a mechanical lift shall be the responsibility of the Director of Nurisng who shall monitor such daily use over the next 6 months. The D.O.N. shall assume the duty of educating all nursing personnel during orientation on the proper and safe use of a mechanical lift and the policy and procedure of when to use such and proper documentation of any refusal of service.		

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	<p>to use this transfer method for Resident A, from a facility nurse who had told them her family member was transferred like this and it was the best way.</p> <p>Resident A's clinical record was reviewed on 8/20/12 at 9:15 A.M. Diagnoses included, but were not limited to: paraplegia, seizures and respiratory failure. A history and physical, dated 8/1/12, from a hospital stay indicated the resident had been involved in a car wreck. The resident was 6 feet tall and 180 pounds.</p> <p>The MDS assessment (minimum data set) dated 6/1/12, indicated the resident was interviewable with no memory loss, was dependant on two staff members for transfers and did not ambulate, had loss of voluntary movement of his upper and lower extremities.</p> <p>A physical therapy discharge summary, dated 6/19/12 indicated "transfers-dependent for all, balance-sitting requires maximum assist 1 -2 on side of bed." Discharged to restorative nursing program on 7/3/12. The Physical therapy evaluation dated 6/19/12 indicated "car accident November 2010 resulting in quadriplegia, uses electric wheelchair...no active range of motion bilaterally, strength- 1-1/5 all motions bilateral lower</p>			

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	<p>extremities. The previous therapy evaluation, dated 5/7/12 indicated "Contracture of bilateral ankles."</p> <p>The CNA assignment sheets, provided on 8/20/12 at 8:30 A.M., by the DON (Director of Nursing) indicated for Resident A, transfers assist 2 to 3. The care plan, dated 2/21/12, included interventions of "use gait belt with all transfers," "provide transfers for resident with 3-4 staff prn (as needed)." The CNA assignment sheets did not list anyone as requiring a mechanical lift, only 2 person assist. The Director of Nursing, at this same time, indicated the facility had no one who required a mechanical lift transfer.</p> <p>Telephone physician's orders, signed by the nurse practitioner, dated 3/16/12, indicated "Use hoyer lift to move res at all times; do not move manually," and another order, dated 5/4/12, indicated "hoyer lift to be used with transfers in and out of bed and wheelchair." Interview with the Director of Nursing, on 8/20/12 at 1:00 P.M., indicated these orders had not been discontinued but the physician had said it was ok not to use the hoyer. It was written as prn (as needed) on the rewrites, but the physician had not signed the order.</p>			

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	<p>The physician's office was phoned on 8/20/12 at 9:50 A.M. and reported the nurse practitioner was unavailable for the next two days. During interview with the physician at that same time, he indicated he thought the hoier had been ordered due to shearing of the resident's skin and thought that was resolved at this time, and was ordered to save the staff members' backs, as the resident was a major lift.</p> <p>During interview with CNA #1 on 8/20/12 at 10:00 A.M., she indicated the facility did not have a functioning hoier lift. CNA #1 indicated the lift that was observed in the back hallway had not been used in the time she had worked there. She showed the lift had no breaks on the wheels, to lock it, the mechanism would raise the sling up but would not lower it and the bars on the bottom for stability would not spread apart, as indicated on the lift as required for the lift to be stable.</p> <p>During interview on 8/20/12 at 10:30 a.m., CNA #4 indicated no one had used "old ironside" (the old lift) in years, she indicated it simply would not work.</p> <p>During interview with the Administrator on 8/20/12 at 11:30 a.m., he indicated he was not aware the mechanical lift did not work.</p>						

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	<p>The policy and procedure, no date, for gait belts, provided by RN #1 on 8/20/12 at 1:00 P.M. indicated "Place the belt around the resident's waist with the buckle open at the front..."</p> <p>RN #1 at this same time, provided the policy and procedure for Safe lifting and Movement of Residents, dated 2009, which included "the facility strives to have on hand at least one full body mechanical lift ...mechanical lifts shall be readily available and accessible to staff 24 hours a day..."</p> <p>This federal tag relates to Complaint IN00113633.</p> <p>3.1-45(a)(1) 3.1-45(a)(2)</p>				

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F0456 SS=D	<p>483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. Based on observation, interview and record review, the facility failed to ensure a mechanical lift was maintained in a safe operating condition for 1 of 1 mechanical lift observed in the facility. This had the potential to affect one resident, Resident A, who had physician orders for a mechanical lift transfer, in the sample of 3.</p> <p>Findings include:</p> <p>During interview on 8/20/12 at 10:00 A.M. with CNA #1 and CNA #3, they both indicated one resident (A) who really needed to have a mechanical lift used for a safe transfer.</p> <p>Resident A's clinical record was reviewed on 8/20/12 at 9:15 A.M. Telephone physician's orders, signed by the nurse practitioner, dated 3/16/12, indicated "Use hooyer lift to move res (resident) at all times; do not move manually," and another order, dated 5/4/12, indicated "hoyer lift to be used with transfers in and out of bed and wheelchair." Interview with the Director of Nursing, on 8/20/12 at 1:00 P.M., indicated these</p>	F0456	Hillside Manor Nursing Home's policy shall remain: "at least one full body mechanical lift shall be readily available and accessible to staff 24 hours a day".For the safety of any resident who would qualify for the use of a mechanical lift (currently 3) it is imperative that a functional and accessible lift be available to staff. The in place unit delcared by a C.N.A. to be non functional was disputed by an outside Durable Medical Supply Professional who delivered a brand new lift as "Functional without repair needed". Out of fear that the present or "old" hooyer lift was not functional, a new unit was purchased immediatley on 8-20-12 and was in place within 3 hours of the survey inception. The older unit (later declared functional) was retired from use.All nursing personnel were inserviced on 8-21-12 by Theresa Biddinger, A.D.O.N.,R.N. and inservice director Barbara Helm, R.N. on the safe and propoer use of the newly acquired mechanical lift. The different slings and applicable weight of each were reviewed. Return demonstrations and testing was conducted and proper gait belt use for transfers were also discussed.The D.O.N.	08/23/2012			

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	<p>orders had not been discontinued, but the physician had said it was ok not to use the hoyer, and it was written as prn (as needed) on the rewrites but the physician had not signed the order.</p> <p>On 8/20/12 at 10:00 A.M. a hoyer lift was observed sitting in the back hall way of the facility.</p> <p>During interview with CNA #1 on 8/20/12 at 10:00 A.M. she indicated the facility did not have a functioning hoyer (mechanical) lift. CNA #1 indicated the lift that was observed in the back hallway had not been used in the time she had worked there. She showed the lift had no breaks on the wheels, to lock it, the mechanism would raise the sling up but would not lower it, so that once a resident was placed in the sling, they could be placed in a chair or bed. And, CNA #1 indicated the bars on the bottom of the lift, for stability, would not spread apart, as indicated on the lift as required for the lift to be stable. The lift was observed to have rust on the metal in several spots.</p> <p>During interview on 8/20/12 at 10:30 a.m., CNA #4 indicated no one had used "old ironside" (the old lift) in years; she indicated it simply would not work.</p> <p>During interview with the Administrator on 8/20/12 at 11:30 a.m., he indicated he</p>		<p>shall assume the responsibility of educating all new nursing personnel during orientation on the proper and safe use of the mechanical lift and the policy and procedure of when to use such. The D.O.N. shall assume the responsibility of effective use of the mechanical lift and its proper working condition for the next 12 months. Any mechanical problems or damaged or missing slings shall be immediately reported by the D.O.N. to teh Adminstrator who shall initiate immediate repair/resolve.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155708	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/20/2012
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	<p>was not aware the mechanical lift did not work. He indicated he had purchased the lift about 12 years ago and depended on the maintenance men to keep it working.</p> <p>This federal tag relates to Complaint IN00113633.</p> <p>3.1-19(bb)</p>			